

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33908

FILED SEP 17 1957

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8177

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Incarnate Word Hospital				Length of stay in lb		STREET ADDRESS 3838 Park (If outside, give location)	
3. NAME OF DECEASED (Type or print) Margaret Morrow				4. DATE OF DEATH August 30, 1957			
5. SEX female		6. COLOR OR RACE white		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec 13, 1892	
9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months Days Hours Min.		10. KIND OF BUSINESS OR INDUSTRY restaurant owner		11. BIRTHPLACE (City and state or country) Kansas City, Mo.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired				12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME -----Robison				14. MOTHER'S MAIDEN NAME not known			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. none		17. INFORMANT Address Herbert Morrow 4442 Vence	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>diabetes mellitus</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>260x</i> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <i>Angina Pectoris - chronic myocarditis</i>							INTERVAL BETWEEN ONSET AND DEATH <i>6-7 yrs.</i>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour: Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION St. Louis		COUNTY STATE Mo.	
21. I attended the deceased from June 15-- to Aug. 20/57 and last saw her alive on 8/30/57. Death occurred at 7 PM on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>C. J. G. Smith</i>				22b. ADDRESS 1504 S. Grand		22c. DATE SIGNED 8/31/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) cremation		23b. DATE 8/3/1957		23c. NAME OF CEMETERY OR CREMATORY Missouri Crematory		23d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
24. FUNERAL DIRECTOR J L Ziegenhein & Sons 7027 Gravois				25. DATE RECD. BY LOCAL REG. SEP 3 '57		25. REGISTRAR'S SIGNATURE <i>C. J. G. Smith</i>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed G. P. Kidwell.....

Licensed Embalmer No. 387

P. O. Address 7027 Gra

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.